

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



ERRATA NOTICE

November 1, 1985

To: All County Welfare Directors
County Administrative Officers

CHANGING COUNTY ID NUMBERS - - ADDITIONAL INSTRUCTIONS

RE: All County Welfare Directors Letter No. 85-45

All County Welfare Directors (ACWD) Letter No. 85-45, dated June 19, 1985, contained procedures for counties to follow when requesting a change to the 14-digit county ID number as a result of county computer system changes. Due to the recent implementation of aid codes 54, 55 and 59, the Department has modified those procedures.

Enclosed is a copy of the revised guidelines which must be utilized by each county when requesting changes to the 14-digit county ID number. The enclosed guidelines will be included in the Medi-Cal Eligibility Manual, Procedures Section within the next three months.

If you have questions regarding the enclosed material, please contact your Medi-Cal Eligibility Branch MEDS liaison.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosure

Expiration Date: January 1986

County Procedures

- I. The county must submit written notification requesting a change to the 14-digit Medi-Cal identification number to the State Department of Health Services, Medi-Cal Eligibility Branch, 714 P Street, Room 1692, Sacramento, CA 95814, Attention: MEDS Liaison.
 - o The notification letter must be received four months prior to the implementation date. This time frame is based upon the processing due dates indicated in these guidelines.
- II. The county must submit a cross-reference file tape for testing purposes to the State Department of Health Services, Data Systems Branch (DSB), 744 P Street, Room 1100, Sacramento, CA 95814. The tape must contain an external tape label and/or transmittal which clearly identifies it as a test file and indicates the contents of the tape, the number of records, and the address to which the tape is to be returned. The name and telephone number of the technical contact person should also be included in the event that a problem with the tape should arise.
 - o The Cross-Reference file test tape must be received by DSB two months prior to the implementation date in order to evaluate the test tape and prepare a test file tape for California Dental Services (CDS) and Computer Sciences Corporation (CSC). However, it is recommended that receipt of the test tape be as early as possible.
 - o The Cross-Reference file test tape submitted to DSB must be in the format specified in Attachment I and must contain the following characteristics in order for it to be processed.
 1. IBM compatible
 2. 9 track tape with 6250 or 1600 BPI
 3. Standard label (no other internal labels necessary)
 4. EBCDIC coding
 5. Blocking factor of 100 is recommended
 - o The Cross-Reference file tape submitted to DSB for testing must only contain information on active recipients. (Active recipients consist of continuing eligible recipients, recipients in "Hold" status and recipients eligible with a share of cost (SOC) whether or not the SOC has been met).

- o If the Cross-Reference file test tape submitted to DSB is not acceptable, the CWD will be contacted via a telephone call by DSB describing the invalid data.
- o The county will submit a corrected Cross-Reference file test tape to DSB until the tape is accepted and approved by the Department.

III. If the Cross-Reference file test tape submitted to DSB is acceptable, the CWD will be contacted via telephone by their MEDS liaison approving the change to the 14-digit identifier and indicating the exact date the production Cross-Reference file is needed.

- o A production Cross-Reference file tape will be submitted to DSB using the address indicated above, one month prior to the implementation date.

IV. The county must submit a batch EW30 tape for testing purposes to the State Department of Health Services, Data Guidance, 744 P Street, Room 1050, Sacramento, CA 95814. The tape must be submitted two months prior to the implementation date in order to evaluate the contents and format.

- o The Batch EW30 transactions must contain the following data elements in order for them to be processed by MEDS Support:
 - 1. New County ID
 - a. aid code
 - b. serial number
 - c. FBU
 - d. person number
 - 2. Eligibility-Info-Effective Date (must be upcoming month)
 - 3. Eligibility Status Action Code (ESAC)
 - a. If recipient will be in HOLD status for upcoming month, the ESAC must be B

- b. If the recipient is a normal eligible for the upcoming month, ESAC must be a 1
- c. If the recipient is a 4 or 9 month continuing eligible for the upcoming month, the ESAC must be 1 or 6 and additional data elements are required depending on the following:

(1) 4-month continuing (aid code 39 or 54)

ESAC 6

Term Date and Term Reason

(2) 9-month continuing (aid code 55 or 59)

ESAC 1

No Term Date or Term Reason

Note: Any existing TERM DATE

and

TERM REASON on MEDS will be erased

OR,

ESAC 6

Term Date and Term Reason

- (3) LTC-Indicator (if upcoming month is LTC/SOC)
 - (4) SOC amount (if upcoming month has SOC)
 - (5) District and EW code (if used by county) for distribution of eligibility worker alert reports.
- o The Batch EW30 test tape submitted to MEDS Support must only contain information on active recipients. (Active recipients consist of continuing eligible recipients, recipients in "HOLD" status and recipients eligible with a SOC whether or not the SOC has been met).
 - o If the Batch EW30 test tape submitted to DSB is acceptable and eligibility information is valid, the CWD will be contacted via telephone by their MEDS liaison approving the change to the 14-digit Medi-Cal ID number.

- o If the Batch EW30 test tape is not acceptable and eligibility information is invalid, the CWD will be contacted via telephone by the DSB staff describing the invalid data.
 - o The county must submit a corrected Batch EW30 test tape until the file is accepted and approved by the Department.
- V. A production Batch EW30 must be submitted to the Department of Health Services, Data Guidance, 744 P Street, Room 1050, Sacramento, CA 95814. Please coordinate with your MEDS Liaison for the exact date to submit the Production Batch EW30.

DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

5-15-85

E: 5-15-85

VISION:

ITEM/PROJECT:

RECORD LAYOUT

FILE NAME: BENEFICIARY ID CROSS-REFERENCE RECORD

ORIGINATOR: KELLEY KLEHIN

REVIEWER:

SOURCE PROGRAM:

OLD BENEFICIARY ID										NEW BENEFICIARY ID										MEDS ID										BENEFICIARY									
CASE NUMBER										CASE NUMBER										CASE NUMBER										SURNAME									
AD CODE										AD CODE										AD CODE										AD CODE									
PERSON										PERSON										PERSON										PERSON									
DATE OF BIRTH										DATE OF BIRTH										DATE OF BIRTH										DATE OF BIRTH									
MM DD YY										MM DD YY										MM DD YY										MM DD YY									
SOURCE CODE										SOURCE CODE										SOURCE CODE										SOURCE CODE									
M. CODE										M. CODE										M. CODE										M. CODE									
I. CODE										I. CODE										I. CODE										I. CODE									
NAME										NAME										NAME										NAME									
FIRST NAME (CONT.)										FIRST NAME (CONT.)										FIRST NAME (CONT.)										FIRST NAME (CONT.)									

SOURCE CODE (BYTE 061): MUST CONTAIN AN 'X' TO INDICATE AN XREF RECORD.
 (THIS RECORD FORMAT IS VALID ONLY FOR CROSS-REFERENCE FILES RECEIVED FROM THE
 COUNTY OF CALIFORNIA DENTAL SERVICE. IT IS NOT COMPATIBLE WITH THE
 XREF RECORD SENT TO COMPUTER SCIENCES CORPORATION.)

E: BINARY - B

LABELS: STANDARD

☒

RECORD FORMAT: FIXED - F

☒

RECORD LENGTH:

86

PROGRAM: N/A

USE: INPUT

OUTPUT

RECORDS PER BLOCK:

BLOCK SIZE:

NON-STANDARD

☐

VARIABLE -V

☐

JRCE: HOKKLEHICD\$XREF RECORD)